Disclosure Re Use this form for ge Do not use this form	neral rep	ort and committee in	formati	on, must be s			1	ther d	Yes No etailed forms.		
1. Committee Infor	Processor and a street							100 2			
a. Full Name		p to program supplier account to a series of the contract	i jarginin Prasta ja j	an and a comment of the contribution	· 16.				c. ID Number		
JUDY D MARTIN	REGIST	TER OF DEEDS CA	MPAIC								
b. Mailing Address (inc	lude City,	State and Zip Code)							Date Filed		
1844 HIGHWAY 2 CAMERON, NC 2					APR	212	2014		04-20-2014		
				W	00		30	е.	Phone Number		
					CACA NEW	- « 1 ,	Super Many Cont.		910 245-7292		
2. Report Year	3. Peri	od Start Date (mm/d	d/yy)	4. Period E	nd Dat	e	5. Treasurer Fu	il Nar	ne		
2014		01/01/2014			9/2014		LINDA W CHE	EK			
6. Type of Commit	ttee (Che	eck One)	9. Tv	e of Report	(cł	eck on	ly one type of repo	ort froi	n one category)		
Candidate Camp		Party	Munici			State/C	County	R	eferendum		
PAC		Referendum		Organizational			Organizational		Organizational		
Independent Expenditure Legal Expense l	[Fund	Joint Fundraiser		Thirty-five day			Quarterly		Pre-referendum		
7. Type of Fund	Commission Commission	licable, check one)	П	Pre-primary		\boxtimes	First	ÌE	Final		
"Booster Fund"		<u> </u>	١Ħ	Pre-election		П	Second	10	Supplemental Final		
Building Fund			lΠ	Pre-runoff			Third		Annual		
				Semi-annual			Fourth		Special		
				Mid Year			Semi-annual				
Other:				Year End			Mid Year	1	0. Special Report Name		
				Final			Year End				
8. Number of Fun	draisers	this Report		Special			Final				
	-0-						Special				
11. Account Infor	mation		A Paragraph		11. A	count	Information				
a. Financial Institution	n Full Nan	ne			a. Fina	ncial Ins	titution Full Name				
BRANCH BANK	ING & 7	TRUST COMPANY	•								
b. Purpose		c. Account Code			b. Purp	ose			c. Account Code		
CAMPAIGN											
ACCOUNT FOR											
RECEIPTS &		d. Period Begin Balanc	e						d. Period Begin Balance		
EXPENDITURES \$ 396.90							\$				
CERTIFICATIO	N			· · · · · · · · · · · · · · · · · · ·	-						
the NC General St	tatutes an	d that no funds are c	ommin	gled with prol	hibited	or othe	r non-disclosed fur		22D-22M of Chapter 163 of further certify that this report		
- /		ct and that I have bee	en traine	ed by the NC	state B	oard of	Hections.	^ 4	100/0014		
_Line	Prin	ted Name of Signer			Signature	of Appo	MULL inted Treasurer	04	/20/2014 Date		
FOR OFFICE USE	E ONLY	الناماليا					m 1	ъ.	divory Mathed		
Date Receive	d:	412114	_	Employee:		f (16	<u> </u>	elivery <u>Method</u>] Normal Mail		
Date Postmar	rked:			Employee:					Registered Mail		

Date Received:

| Delivery Method | Normal Mail | Registered Mail | Hand Delivered | Electronically Filed | Signer has not received | mandatory training | mandatory training | Normal Mail | Registered Mail | Hand Delivered | Electronically Filed | Signer has not received | Mail | Hand Delivered | Electronically Filed | Signer has not received | Mail | Hand Delivered | Electronically Filed | Signer has not received | Mail | Hand Delivered | Electronically Filed | Mail | Hand Delivered | Hand Delivered | Mail | Hand Delivered | Ha

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

Employee:

Date Data Entered:

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

JUDY D MARTIN REGISTER OF DEEDS

Contributions from Individuals

11a) Interest on Bank Accounts

Outside Sources of Income

11 e) Exempt Purchase Price Sales

CAMPAIGN

7)

8)

9)

11b)

11c)

Start of Election Cycle:

Loan Proceeds

11) Other Receipt Sources

Cash on Hand at Start RECEPTS

White Bridge Burg Bury 図 No Use this form to summarize all disclosure reporting forms and to total monetary information. 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number 2014 FIRST QUARTER Total this Total this 2014 January 1, **Reporting Period Election Cycle** 396.90 \$ 396.90 \$ -0-(CRO-1205) -0-**Aggregated Contributions from Individuals** 1700.00 (CRO-1210) 1700.00 \$ \$ -0--0-(CRO-1220) **Contributions from Political Party Committees** -0-(CRO-1230) -0-**Contributions from Other Political Committees** \$ -0-(CRO-1410) \$ -0-\$ -0--0-10) Refunds/Reimbursements To the Committee (CRO-1240) \$ -0--0-(CRO-1250) \$ -0-\$ -0-**Contributions from Not-for-Profit Organizations** (CRO-1250) -0-\$ --()-\$ (CRO-1250) \$ -0-\$ -0-11d) Legal Expense Fund - Other Sources (CRO-1270) \$ -0-\$ -0-(CRO-1265) \$ 1700.00 1700.00 **TOTAL RECEIPTS** (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) PANDPANIAMENDING

13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 9.00	\$ 9.00
13b) Contributions to Candidates/Political Com	mittees (CRO-1310)	\$ -0-	\$ -0-
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 853.00	\$ 853.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ -0-	\$ -0-
15) Loan Repayments	(CRO-1420)	\$ -0-	\$ -0-
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ -0-	\$ -0-
17) In-Kind Contributions	(CRO-1510)	\$ -0-	\$ -0-
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c,	14, 15, 16 and 17)	\$ 862.00	\$ 862.00
19) Cash on Hand at End (Add lines 4 and 12 together, the	n subtract line 18)	\$ 1234.90	\$ 123490

AND	DHULOMANGINEOR MATULON		94		
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	-0-	
21)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	- 0-	
22)	Debts and Obligations owed By the Committee	(CRO-1610)	\$	-0-	
23)	Debts and Obligations owed To the Committee	(CRO-1620)	\$	-0-	
24)	Account Transfers Within the Committee	(CRO-1720)	\$	-0-	
25)	Administrative Support	(CRO-1710)	\$	-0-	\$ -0-
26)	Forgiven Loans	(CRO-1440)	\$	-0-	\$ -()-
27)	48-Hour Notice Reports Sum	(CRO-2200)	\$	-0-	\$ -0-
28)	Contributions to be Refunded	(CRO-1215)	\$	-0-	\$ -0-

Contributions	from	Individuals
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Cantril	hutions fron	n Individuals		CONTRACTOR PR		1	Amendment Yes No	
Use this fo	orm to report indiv	vidual contributions or	ver \$50 c	or contributions und		O 1205 is not		
		and Fund if applicat				2. ID Num		
UDY D N	MARTIN REGIS	TER OF DEEDS CAN	MPAIGN	1				
3. Contril	butor Informatio	n	Ø	Add 🔲 Re	emove			
. Full Nam	e, Mailing Address &	è Phone		b. Job Title/Profession	n .	d. Comments		
	rity, state, & zip) R BROWN			OFFICE MANAC	GER			
	IAGNOLIA DRIV	VE PO BOX 607		c. Employer's Name/S	······································			
ROBBINS, NC 27325			THIGPEN & JEN	IKINS LAW	e. Election Sum to Date			
				FIRM				
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j, Date (mm/dd/y	ууу)	k. Amount	
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							\$	
П							\$	
3. Contri	 ibutor Informati	on		Add R	emove			
orizonalatica artico e elec	ne, Mailing Address	CONTRACTOR	<u> </u>	b. Job Title/Profession	D n	d. Commen	ts	
~~~	city, state, & zip)			ATTORNEY				
	C THIGPEN			c. Employer's Name	(Specific Field			
	W ROAD SW RST, NC 28374			THIGPEN & JE				
THALMO	1001, 110 20371			FIRM		e. Election S	Sum to Date	
				,		\$	500.00	
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							\$	
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3. Contr	ributor Informat	ion	Ì⊠	Add 🔲 I	Remove	4		
Î	me, Mailing Address	& Phone		b. Job Title/Profess		d. Comme	nts	
	e city, state, & zip)  MARTIN			REGISTER OF	DEEDS			
	GHWAY 24-27			c. Employer's Name	e/Specific Field			
CAMER	RON, NC28326			MOORE COUN	NTY			
				PO BOX 905 CARTHAGE, 1	NTC 28227	e. Election	Sum to Date	
				CARTHAGE, I	NC 20321	\$	1000,00	
f. Prior	g. Account Code	h. Form of Payment	i. In	Kind Description	j. Date (mm/de	l/yyyy)	k. Amount	
							\$	
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							\$	
4. Tot	al only this Pa	age				\$	1700.00	
5. Tot	al of ALL CR	O-1210 Pages		an ann		\$	1700.00	
(This L	line must be on line 6	of Detailed Summary Pag	e CRO-11	00)		<b>*</b>	1700.00	

mmittees and coord Committee Full Na DDY D MARTIN R Type of Disbursen Operating Expense Payce Information Full Name, Mailing Adactude city, state, & zip) RANCH BANKING O BOX 189 CARTHAGE, NC 28  Account Code g. F. DE	rt expenditures fro	enditures.  if applicable)  EEDS CAMPAIC  use separate CR  Contributions to Cand	for; operating expenses, of the formal of the following for each type idates/Political Committees  Add	pe of Disbursem  Coo Remove me  County: Municipality:	2. ID Number  ent.) ordinated Party Expenditures  d. Comments  e. Election Sum to Date  \$	
mmittees and coord Committee Full Na DDY D MARTIN R Type of Disbursen Operating Expense Payce Information Full Name, Mailing Adactude city, state, & zip) RANCH BANKING O BOX 189 CARTHAGE, NC 28  Account Code g. F. DE	inated party experiment (Please es Control of Payment (Payment of Payment (Payment of Payment of Pa	if applicable) EEDS CAMPAIC use separate CR Contributions to Cand MPANY h. Purpose Code	GN O-1310 forms for each ty idates/Political Committees Add b. Coordinated Committee Na c. Level Registered (Specify) Federal State	pe of Disbursem  Coo Remove me  County: Municipality:	2. ID Number  ent.) ordinated Party Expenditures  d. Comments  e. Election Sum to Date  \$	
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Type of Disbursen Operating Expense Payee Information Full Name, Mailing Additude city, state, & zip) RANCH BANKING O BOX 189 ARTHAGE, NC 28 Account Code g. Fo DE	ment (Please es Connoc	MPANY  h. Purpose Code	idates/Political Committees Add b. Coordinated Committee Na c. Level Registered (Specify) Federal State	Remove me  County: Municipality:	d. Comments  e. Election Sum to Date  \$	
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O BOX 189 CARTHAGE, NC 28 Account Code g. F. DE	8327 Form of Payment	h. Purpose Code	Federal State	Municipality:	\$	
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DE		n		j. Amount	k. Required Remarks	
<del></del>		V	01-21-2014	\$3.00	SERVICE CHARGE	
. Payee Informatio				\$		
····				Remove		
WE WE MT			Add b. Coordinated Committee N	d. Comments		
. Full Name, Mailing Ad			b. Coordinated Committee N	аще	u. Combrenes	
nclude city, state, & zip BRANCH BANKIN		MDANV				
PO BOX 189	NO & INOSI CC	71VII 711 1	c. Level Registered (Specify)		7	
CARTHAGE, NC 2	28327		Federal 🛛	County:		
· · · · · · · · · · · · · · · · · · ·			State	Municipality:	e. Election Sum to Date	
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BRANCH BANKII	NG & TRUST C	OMPANY				
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CARTHAGE, NC	28327		Federal X	County: Municipality:	e. Election Sum to Date	
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.1 I	DEBIT	0	03-21-2014	\$3.00		
				\$		
	Page				\$ 9.00	

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

C* - Fundraising

G - Political Party

K* - Office Expenses

7. Purpose Codes (List detailed expenditure code in (h.) above)

* Codes require detailed explanation in required remarks field (k)

B* - Printing

J - Penalties

F* - Equipment

A* - Media

E - Salaries

I - Postage O* - Other

\$

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

D - To Another Candidate

Disbursements	BRADER	LOUNCE Pg	5 445 445 <b>2</b>	of <u>2</u>		Yes	$\boxtimes$	No
Use this form to report expenditures from the committee fo	r; operatin	g expenses,	contribution	ons to can	didate/politi	ical		
committees and coordinated party expenditures.								

1. Committee Fu	ill Name (and Fund IN REGISTER OF I	if applicable)	GN	<u> </u>	2. ID Number		
JUDY D MAKI  3. Type of Disbu		e use separate Cl	RO-1310 forms for each	type of Disbursem	ent.)		
Operating Ex	The second secon		didates/Political Committees	Co.	ordinated Party Expenditures		
4. Payee Inform		×	Add	Remove			
a. Full Name, Mailir			b. Coordinated Committee I	Name	d. Comments		
(include city, state,	& zip) ITY BOARD OF EL	ECTION	c. Level Registered (Specify	County:			
•			State	Municipality:	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I. Account Code					FILING FEE		
1	CHECK	Н	02-10-2014	\$853.00	·		
				\$			
			Add	Remove			
4. Payee Inform	1ation ing Address & Phone		b. Coordinated Committee	740.0413.00.0	d. Comments		
a. Full Name, Male (include city, state,	J.						
(menute city, state,	a rip)						
			c. Level Registered (Specif				
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			State	Municipality:	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
	or,			\$			
4. Payee Inform	mation		Add [	Remove			
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee	e Name	d. Comments		
(include city, state	e, & zip)						
			T ID 14 I/O	***			
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				\$			
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5. Total only	this Page				\$ 853.00		
	LL CRO-1310 Page	3		A STATE OF THE STA			
(This line goes	in line 13a of Detailed S	ummary Page CRO-1	1100 if Operating Expenses)		\$ 862.00		
			1100 if Contrib to Candidates/				
			1100 if Coordinated Party Exp	enditures)			
	odes (List detailed		in (h.) above) undraising	<b>D</b> - To A	nother Candidate		
A* - Media E - Salaries I - Postage	B* - Printing F* - Equipme J - Penalties	ent G-Po	undraising litical Party Office Expenses	H* - Hol	ding Public Office Expenses nation to Legal Expense Fund		
O* - Other * Codes rea	nire detailed explan	ation in require	d remarks field (k)				